



# SeniorNet West Auckland Membership Form 2011/2012

(Please Print)

**Title:** ..... **Surname:** ..... **First Name:** .....

**Street Address:**  
.....

**Suburb:** ..... **City:**.....

**Post Code:** .....

**Contact Phone No:** ..... **Email Address:** .....

For funding purposes we need to know your gender, age, ethnic groupings & residency status.

**Please tick boxes as applicable:**

M	F	50-59	60+	European	Maori	Pacific Is	Asian	NZ Resident	Non NZ Resident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What Operating System are you using? Windows ME; Windows XP; Windows Vista or Windows 7. Don't Know. (Circle as applicable).

Annual Subscription: 1<sup>st</sup> Oct 2011 to 31 September 2012

(  
Single - \$25.00      Double \$45 (This is applicable to a couple living at the same address.)

**Classes are Held:** Monday Wednesday Thursday Friday (tick which day)

**Select:**      Mornings: 10am- 12 noon    or    Afternoon: 1pm -3pm ( 2 hour lesson )

Students will be contacted by phone as soon as course is available.

Signed: .....      Date: .....

Please complete this and forward with a cheque, payable to SeniorNet West Auckland Inc.

**SeniorNet West Auckland**  
**C/- Jose McKelvey**  
**193 Te Atatu Rd**  
**Te Atatu South 0610**

Under the Privacy Act 1993, we advise that the information provided on this application form will be entered into our membership computer database and will only be used for our organisation's business. You may at any time request a copy of your information.

Club Use Only:

Receipt No: .....

Date: .....